

PROFESSIONAL FUNDRAISER

DIVISION OF SUPPORT SERVICES
Ramona Patts, Administrator

LICENSE SECTION
750 Piedmont Road – South Entrance
Columbus, Ohio 43224
(614) 645-8366 Fax (614) 645-8912

THE CITY OF
COLUMBUS
MICHAEL B. COLEMAN, MAYOR

DEPARTMENT OF
PUBLIC SAFETY

Dear Applicant,

Enclosed is an application for a permit to solicit charitable contributions within the City of Columbus. It is being sent to you in response to your request for a permit or as a courtesy to you as we are led to believe that you intend to solicit charitable contributions within the City. If someone other than you has taken over the responsibility of obtaining this permit, please forward this letter and application to that person.

Please be advised that **ALL QUESTIONS ON THE APPLICATION MUST BE ANSWERED, AND ALL REQUIRED CONTRACTS, FORMS AND REPORTS MUST BE INCLUDED WITH THE APPLICATION**; if this not applicable, please indicate so. If your application is incomplete when it is received by this office, **IT WILL BE RETURNED TO YOU FOR COMPLETION** which may delay Board approval, possibly beyond the date of your planned event.

Please be sure to enclose copies of the current contracts for said organizations, as well as a complete "Results of Activity" form for each organization that your company solicits for. It is **imperative** that you include all of these reports and contracts so that the application process is timely.

To avoid delay in processing your application, please file your completed application with the City License Section at least **thirty (30)** days prior to the start of your fund-raising campaign, or the end of your current permit period, whichever is applicable.

Do not forget to include your signed checks or money orders (**no cash please**) as payment of the \$110.00 permit fee payable to: **City Treasurer – License Section**

Please return the application, **a self-addressed stamped envelope**, your \$5,000.00 bond, and all required enclosures to:

Columbus Charitable Solicitations Board
License Section – South Entrance
750 Piedmont Rd.
Columbus, Ohio 43224

If you have any questions, please contact Craig Colopy in the License Section at: 614-645-8366

Sincerely,



Craig S. Colopy
License Officer
Charitable Solicitations

**NOTICE 2014
MONTHLY MEETING SCHEDULE
CHARITABLE SOLICITATIONS BOARD**


The regular monthly meetings of the Columbus Charitable Solicitations Board will be scheduled for the second (2nd) Thursday of every month at 11:00 a.m. The location of the meeting will be the License Section conference Room at 750 Piedmont Road, South Entrance, Columbus, Ohio 43224.

The dates are as follows:

January 9, 2014
February 13, 2014
March 13, 2014
April 10, 2014
May 8, 2014
June 12, 2014
July 10, 2014
August – NO MEETING
September 11, 2014
October 9, 2014
November 13, 2014
December 11, 2014 (Tentative)

The Charitable Solicitations Board will use all reasonable efforts to hold their meetings to conform with this schedule. However the Board reserves the right to change the date, time, or location of any meeting or to hold additional meetings. To confirm meeting dates, please contact License Officer Craig Colopy at (614) 645-8366 ext.105 or by e-mail at cscolopy@columbus.gov

ALL APPLICATIONS MUST BE SUBMITTED AT LEAST (10) DAYS BEFORE THE BOARD MEETING IS SCHEDULED TO TAKE PLACE.

<p>OFFICE USE ONLY</p> <p><u>PROFESSIONAL FUNDRAISER</u></p> <p>License No./Code _____</p> <p>Date Issued: _____</p> <p>Expiration Date: _____</p>	 <p>THE CITY OF COLUMBUS MICHAEL B. COLEMAN, MAYOR</p> <hr/> <p>DEPARTMENT OF PUBLIC SAFETY</p>
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Solicitation shall not begin until a license has been issued to the Professional Fundraiser Applicant

Note: Applications must be filed at least thirty (30) days prior to soliciting.

The applicant shall also file and maintain, thereafter, with the Charitable Solicitations Board a bond in the aggregate sum of **Five thousand Dollars (\$5,000.00)** payable to the City of Columbus for the use and benefit of interested persons and parties, executed by the Professional Fundraiser Applicant and by two (2) or more responsible sureties, or a surety company authorized to do business in the State of Ohio as required by Section 525.21 of the Columbus City Code.

Any license issued hereunder expires on January 1st following the issuance of said license.

PLEASE ANSWER ALL QUESTIONS COMPLETELY OR USE N/A WHEN APPROPRIATE.

1. NAME AND ORGANIZATION DATA:

Full Official Name _____

Street Address _____

City, State, Zip Code _____

Phone No./AC _____

If the above address is not in the City of Columbus, give Columbus address, if any:

Street Address _____

City, State, Zip Code _____

Phone No. _____

Employer Identification Number _____

E-mail address of responsible party _____

Name or names under which the applicant has contracted with the charitable organization for promotion of charitable solicitations, if different from official name _____

Reason for use of other name _____

COMPLETE A, B, C, D & E PLEASE INDICATE N/A TO OTHER CHOICES.

A. IF ORGANIZATION IS A CORPORATION:

How incorporated (by filing Articles of Incorporation or by special legislative act) (Attach copy of Articles of Incorporation) _____

State of Incorporation _____ Date of Incorporation _____

B. IF ORGANIZATION IS AN UNINCORPORATED ASSOCIATION:

Method of establishment (formal instrument, adoption of constitution, instrument creating a trust or other method) (Attach copy of said instrument) _____

Place of establishment _____ Date of establishment _____

C. IF ORGANIZATION IS A PARTNERSHIP:

Date of adoption of partnership agreement (Attach copy of agreement) _____

Place of establishment _____

Public office, if any, in which partnership is registered _____

D. IF ORGANIZATION IS AN INDIVIDUAL:

Method of establishment (Attach copy of instrument)

Place of establishment _____ Date of establishment _____

Public office, if any, in which partnership is registered _____

- E.** If Applicant is a division, subsidiary, or affiliate of another organization, provide the Name, Address & Phone No./ AC of other organization _____

- 2.** (a.) Names of officers, directors, trustees, and/or executive personnel:

Name	Residence Address	Telephone No.	Official Title	Email address
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(b.) Name and Phone No. of person in charge of Professional Fundraiser _____

- 3.** Has the applicant or any of its officers been convicted of a theft offense in the past five (5) years? _____
- 4.** Are you currently registered as a Professional Fundraiser with the State of Ohio as required by Section 1716.07 of The Ohio Revised Code? _____ **REGISTRATION NUMBER:** _____
- 5.** Are you currently under court order or enjoined from acting as a Professional Fundraiser, or are you currently prevented from action as a Professional Fundraiser under those terms of a decree of agreement with any state or local agency? _____
- 6.** Attach a detailed statement of the general plan, character, and method in or by which the applicant proposes to conduct its business as a Professional Fundraiser.

ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN DENIAL OR FUTURE REVOCATION OF THIS LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13(A-3), (A-5) AND COLUMBUS CITY CODE 589.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says

(Print Applicant Name)

he/she is the individual making the foregoing application; that he/she is knowledgeable with respect to that which is to be licensed; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief.

(Applicant Signature)

Swore to before me and subscribed in my presence this _____ day of _____, 20____

Notary or Agent of Director of Public Safety

MUST BE SIGNED, DATED and NOTARIZED

APPLICATION FEE \$10.00

PROFESSIONAL FUNDRAISER APPLICANTS CHECKLIST

PLEASE ENCLOSE THE FOLLOWING AND KEEP IN MIND THAT ATTCHMENTS ARE NOT A REPLACEMENT FOR INFORMATION THAT IS REQUESTED ON THE APPLICATION.

_____ **“RESULTS OF ACTIVITY” FORM * (RENEWALS ONLY)**

_____ **ARTICLES OF INCORPORATION*(SUBMIT WITH INITIAL APPLICATION ONLY)**

_____ **ONE SIGNED CHECK: FOR \$110.00 PAYABLE TO CITY TREASURER-LICENSE**

_____ **SECTION EMPLOYER IDENTIFICATION NUMBER**

_____ **\$5,000.00 BOND PAYABLE TO THE CITY OF COLUMBUS (ENCLOSED IS A BOND FORM SHEET THAT MUST BE COMPLETED).**

_____ **A LIST OF ALL CURRENT ORGANIZATIONS ON WHOSE BEHALF YOU ACTIVELY SOLICIT DONATIONS FROM THE RESIDENTS OR BUSINESSES OF COLUMBUS, OHIO AND CURRENT CONTRACTS INCLUDING ANY SCRIPTS THAT ARE USED.**

BOND FOR PROFESSIONAL FUNDRAISER
(Section 525.21 Columbus City Code)

Know all persons by these presents that we, the following named Professional Fundraiser:

_____ located at _____ as principal and we the
following named insurer _____ located at _____ as surety are
held and firmly bound unto the City of Columbus, and any person sustaining injury through the action of said professional fundraiser
within the City of Columbus in the sum of Five Thousand Dollars (5,000.00), lawful money of the United States for the payment of
which will and truly be made, we, and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns jointly
and severally, firmly by these presents.

The conditions of the above obligation are such that whereas the above named principal has made application to the Charitable
Solicitations Board of Columbus, Ohio to register as a professional fundraiser for the period ending _____,
20____. In accordance with the provisions of said Sections 525.01 and 525.22, Columbus City Code: and, particularly shall execute all
contracts with person required to register as provided in Section 1716.08 Revised Code, in writing: and shall keep on file true and
correct copies of said contracts for a period of three years from the date of the report of the solicitation filed by such persons under the
provisions of Section 1716.11, Revised Code, then this obligation shall be void, otherwise to remain in full force and effect.

Signed and Sealed at (City) _____, (State) _____,
this _____ day of _____, 20_____.

Surety Company

Principal

